



Rochester City School District
 Student Health Services
 131 West Broad Street
 Rochester, New York 14614

Parent Permission to Administer Medication

Student Name: _____ DOB: _____

Grade: _____ Teacher/HR: _____ School: _____

In order to provide safe and consistent care for your child, we must have the following forms on file in the School Health Office before we can administer the medication. We must have:

1. **Signed "Parent Permission to Administer Medication"**
2. **"Medication Order" signed by: Physician, Nurse Practitioner, or Physician Assistant (this includes over the counter medication)**
3. **The medication must be delivered to the school by an adult in a clearly labeled container from the pharmacy**
4. *****Please note** that a licensed nurse will give medications to your child until he or she is determined to be "self-directed" by a registered nurse. This means your child understands what medicine to take, the dose, the correct time, what happens if the medication is not taken, and would refuse the medicine if something does not seem correct. Once your child is self-directed, the registered nurse will instruct the School Health Aide about the medication. The School Health Aide will then be supervising the self-directed student.

To Be Completed by Parent

I give permission for medication to be administered to my child as ordered by the health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature: _____ Date: _____

Home #: _____ Work #: _____ Cell #: _____

Nurse: _____ Office: _____ Fax: _____

Return completed form to the NURSE at the school this child attends.

Parent notified of Medication change: Date: _____ RN Signature: _____